

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

990589RE/LH

First Named Inventor

Yoshihiro SHIMADA

Original Patent Number

6,255,646

Original Patent Issue Date
(Month/Day/Year)

07/03/2001

Express Mail Label No.

EV 339 431 821 US

APPLICATION FOR REISSUE OF:

(Check applicable box)

☐

Utility Patent

☒

Design Patent

☐

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
 - ☒ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Change of Correspondence
Address Application
(Form PTO/SB/122)

18. CORRESPONDENCE ADDRESS

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or ☐ Correspondence address below

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Address			
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Country	Telephone		

NAME (Print/Type)	Douglas Holtz	Registration No. (Attorney/Agent)	33,902
Signature		Date	07/02/2003

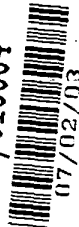
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Date of Deposit: July 2, 2003

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Ian T Volek

17612 U.S. PTO
10/613664

16152 U.S. PTO
07/02/03

PTO/SB/56 (04-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(i))	(B) 10	**** 0 =	x \$ _____ =		or	x \$ _____ =
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =			x \$ _____ =
Basic Fee (37 CFR 1.16(h)) \$ _____							\$750.00
Total Filing Fee \$ _____						OR	\$750.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____						OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
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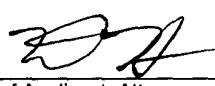
☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1378.
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☒ A check in the amount of \$ 750.00 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

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July 2, 2003
Date


Signature of Applicant, Attorney or Agent of Record

Douglas Holtz

Typed or printed name

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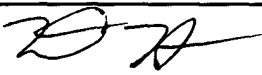
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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents Washington, D.C. 20231	Application Number	Reissue of USP 6,255,646
	Filing Date	Concurrently Herewith
	First Named Inventor	Yoshihiro Shimada
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	990589RE/LH

Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number [01933] → <i>Type Customer Number here</i> OR						 01933 PATENT TRADEMARK OFFICE			
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Typed or Printed Name		Douglas Holtz, Reg. No. 33,902							
Signature									
Date		July 2, 2003							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.									

☐ Total of ____ forms are submitted.

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